

Department of Managed Health Care
Provider Complaint Unit 2007 Statistics

The information below represents data gathered from the Provider Complaint Unit's database. Each report's data collection represents different criteria therefore data is not transposable from one report to the other.

Average Number of Calendar Days to Close a Provider Complaint ⁽¹⁾

Calendar Quarter	Days
First Quarter	12.6
Second Quarter	12.4
Third Quarter	38.7
Fourth Quarter	39.6

Total Provider Complaints Received ⁽²⁾

Calendar Quarter	Number
First Quarter	646
Second Quarter	844
Third Quarter	855
Fourth Quarter	719

Total Provider Complaints Closed ⁽³⁾

Calendar Quarter	Number
First Quarter	668
Second Quarter	1,119
Third Quarter	660
Fourth Quarter	537

Closed Cases by Health Plan or Medical Group ⁽⁴⁾

Calendar Quarter	Health Plan	Medical Group	Both	Other	Total
First Quarter	241	75	151	201	668
Second Quarter	462	19	228	410	1,119
Third Quarter	447	74	61	78	660
Fourth Quarter	431	38	11	57	537

Total Additional Recovered Funds ⁽⁵⁾

Calendar Quarter	Amount
First Quarter	\$ 444,417.54
Second Quarter	\$ 535,739.37
Third Quarter	\$2,023,056.40
Fourth Quarter	\$ 442,458.40

Total of Provider Complaints Received by Type of Provider ⁽⁶⁾

Provider Type	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Ambulance	41	121	69	26
Anesthesiology	0	3	0	7
Chiropractic	0	3	33	2
Dental	47	16	25	18
Durable Medical Equipment	4	1	8	3
ER Physician	35	1	46	54
Family/General Practice	1	7	8	5
Home Health Services	0	0	0	2
Hospital/Institution	201	130	67	104
Hospital Based Physician	5	5	0	24
Internal Medicine	1	2	8	1
Laboratory Services	5	2	1	0
Mental Health	3	40	56	3
OB/GYN	0	7	4	8
On Call Physician (Not ER)	3	1	0	3
Other Ancillary Service Providers	10	9	10	42
Other Specialist Providers	175	105	167	126
Pediatrics	0	15	30	3
Pharmacy	5	1	18	38
Physical/Speech/Occupational Therapy	0	0	4	20
Skilled Nursing Facility	12	1	0	1
Vision	1	0	5	0
Other	107	374	296	229
Total	646	844	855	719

Total Provider Complaints Received by Health Plan ⁽⁷⁾

Health Plan	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
ACN Group	0	0	2	2
Aetna Dental	0	0	1	2
Aetna Health	7	33	61	33
Blue Cross	223	107	85	188
Blue Shield	51	35	130	89
California Benefits Dental	0	0	0	1
California Dental Network	1	0	6	0
Care 1 st Health	25	0	3	4
Cigna Behavioral	0	0	1	0
Cigna Dental	0	1	0	1
Cigna Health	6	4	2	8
Community Health Group	1	21	1	0
Concern	0	0	1	0
Delta Dental	4	4	1	4
Dental Benefit Providers	0	0	0	1
Golden West Health	0	0	0	1
Great West Health	1	0	1	0
Health Net	103	54	40	49
Heritage Provider Network	1	0	1	1
Human Affairs International	0	2	0	0
Inland Empire	0	18	0	13
Kaiser	88	130	10	60
Kern Health Systems	1	4	0	1
Landmark	0	0	1	0
Local Initiative Health Authority	0	0	0	5
Magellan Health	0	1	2	0
Medical Eye Services	1	0	0	0
Molina	4	6	2	0
Orange County Health Authority	1	0	0	0
PacifiCare Behavioral	2	31	1	0
PacifiCare Health	18	17	56	17
Private Medical Care	0	0	2	0
Safeguard	0	0	0	5
Santa Barbara Regional Health		0	02	0
Scan	0	0	109	2
Scripps Health Clinic	0	1	0	0
Sharp	0	0	1	0
Talbert	0	0	18	0
United Concordia	1	0	0	1
Universal Care	0	1	1	2
US Behavioral	0	0	17	0
Other	107	374	297	229
Total	646	844	855	719

1) Average Number of Calendar Days to Close a Provider Complaint

Data represents provider complaint cases closed during the reporting period.

2) Total Provider Complaints Received

Data represents provider complaint cases received during the reporting period.

3) Total Provider Complaints Closed

Data represents provider complaint cases closed during the reporting period.

4) Closed Cases by Health Plan or Medical Group

Data represents provider complaint cases closed during the reporting period.

5) Total Additional Recovered Funds

Recovered amounts are based on provider complaint cases closed during the reporting period.

6) Total of Provider Complaints Received by Type of Provider

Data represents provider complaint cases received during the reporting period.

7) Total Provider Complaints Received by Health Plan

Data represents provider complaint cases received during the reporting period broken out by health plan.

This information is provided for statistical purposes only. Mere fact that a provider submitted a complaint against a health care service plan does not mean, in of itself, that the health care service plan is in violation of any law that the Department of Managed Health Care enforces.